

Update on North Carolina's Children and Families Specialty Plan

February 17, 2022, 10:00 – 11:00 AM

- **Children and Families Specialty Plan (CFSP) Overview.....10:00 – 10:05am**
- **CFSP Design Activities Update.....10:05 – 10:15am**
- **Current CFSP Design Overview.....10:15 – 10:40am**
- **Looking Ahead.....10:40 – 10:45am**
- **Q&A.....10:45 – 11:00am**

Children and Families Specialty Plan Overview

Reminder: NC's Medicaid Managed Care Transformation

Many Medicaid-eligible individuals will receive services through health plans rather than through NC Medicaid Direct (fee-for-service). NC will offer four types of health plans once Medicaid Managed Care is fully implemented.

Standard Plan *(Launched July 2021)*

Standard Plans provide comprehensive physical health, behavioral health, pharmacy, long-term services and supports, and services that address unmet-health related resource needs to the majority of Medicaid beneficiaries.

Tailored Plan *(To Launch December 2022)*

Tailored Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver services.

Eastern Band of Cherokee Indians Tribal Option *(Launched July 2021)*

The Eastern Band of Cherokee Indians (EBCI) Tribal Option is available to tribal members and their families and is managed by the Cherokee Indian Hospital Authority (CIHA).

Children and Families Specialty Plan *(To Launch by December 2023)*

The Children and Families Specialty Plan (CFSP) will be available to Medicaid and North Carolina Health Choice-enrolled children, youth, and families served by the child welfare system and offer a broad range of physical health, behavioral health and I/DD services and resources to address unmet health-related needs.

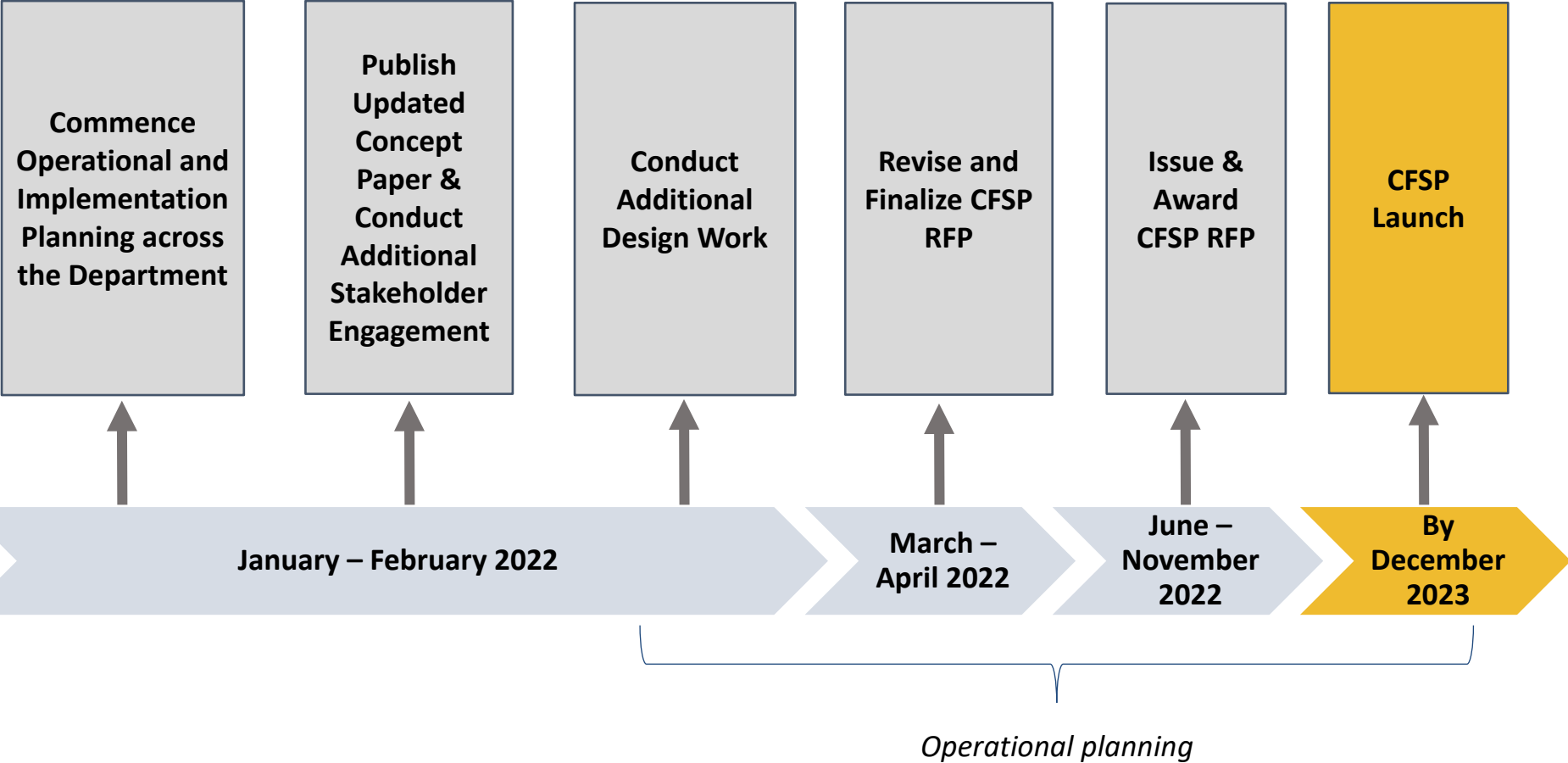


Children and Families Specialty Plan (CFSP)*

- The CFSP will be a **single, statewide plan** available to children, youth and families served by the child welfare system regardless of their location in the state.
- This design creates a **central accountable entity** for providing integrated physical and behavioral health services, I/DD services and resources to address unmet health-related needs under a System of Care framework **in close coordination with County DSS and EBCI Family Safety Program.**
- Only a **Standard Plan or a Tailored Plan** may bid to operate the CFSP.
- Recent stakeholder engagement **informed needed changes to initial CFSP Plan design** and a **shift in the Plan launch timeline.**

**In 2022, DHHS intends to identify a new name for the CFSP to better represent the objective of the managed care plan and its target populations.*

Current CFSP Timeline



CFSP Design Activities Update

Stakeholder Input on CFSP Design

The Department continues to get feedback on and inform design changes to the CFSP through a robust stakeholder engagement process.



CFSP Plan Workgroup

- The CFSP Plan Workgroup met on a bi-weekly basis from **April through August 2021** to provide input and feedback on key areas of CFSP design



Breakout Stakeholder Sessions

- Breakout sessions were held with:
 - Consumer and family advocates
 - Families and youth with lived experience
 - Family-led organizations
 - Guardians-ad-litem
 - EBCI Tribal representatives and members



DSS Engagement

- Leadership and staff at both state and local DSS offices provided input to inform decision-making on CFSP design

Key Activities Ahead

In fall and winter of 2021, the Department incorporated feedback from stakeholder engagement into the updated CFSP model contract. In the months ahead, the Department will refine the CFSP design and finalize the RFP based on the latest design work.

Upcoming Activities

- Collect feedback on updated CFSP Concept Paper and continue stakeholder engagement activities to inform finalization of CFSP design
- Develop new design recommendations for additional populations
- Conduct operational planning for CFSP launch, reflecting key lessons learned from Standard Plan implementation
- Ensure continued coordination and alignment with state and County DSS and EBCI Family Safety Program
- Finalize and issue CFSP RFP

Current CFSP Design Overview

Key Design Areas for Discussion

Eligibility & Enrollment

Benefits

Care Management

Provider Network

Quality



On subsequent slides, the star indicates a CFSP design update based on stakeholder feedback

The Department will seek legislative authorities that are necessary to implement the CFSP.

Additional details on CFSP design are available in the updated CFSP Concept Paper

CFSP-Eligible Populations

Initial CFSP Design Eligible Populations

- Children and youth in foster care
- Children receiving adoption assistance
- Former foster youth (FFY) under age 26
- Minor children of individuals eligible for CFSP enrollment**

With the exception of Tribal members and other limited groups, these eligibility groups will be auto-enrolled at CFSP launch.*

Additional CFSP Eligible Populations[^]

Medicaid- and NC Health Choice-enrolled:

- Parents, guardians, and custodians of children/youth in foster care
- Siblings of children/youth in foster care
- Family members receiving CPS In-Home Services:
 - All adults included as caregivers in the CPS In-Home Services Agreement
 - All children included in the CPS In-Home Services Agreement

These eligibility groups may opt in to the CFSP.

**Unless they are in a group that is otherwise exempt or excluded from mandatory managed care enrollment. These eligibility groups will be automatically enrolled into the CFSP, with the following exceptions: Tribal members and other individuals eligible to receive Indian Health Services, including North Carolina's federally recognized tribe (the Eastern Band of Cherokee Indians) and state-recognized tribes, Innovations or TBI waiver enrollees, beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), and those eligible for the Transitions to Community Living (TCL).*

***Limited to minor children of children and youth in foster care, children receiving adoption assistance, and FFY.*

[^]Pending legislative approval and needed information technology IT system changes. Individuals must be NC Health Choice and Medicaid-enrolled to be eligible for the CFSP. Eligible populations include parents who will retain Medicaid eligibility when a child is being served temporarily by the foster care system and the parent is making reasonable efforts to comply with a court-ordered plan of reunification, in accordance with Session Law 2021-180.

Benefits

The CFSP will provide comprehensive benefits to meet the needs of children, youth and families involved in the child welfare system.

CFSP Benefits/Services:

- **The CFSP will include nearly all the Medicaid State Plan benefits covered by Standard Plans and Tailored Plans including:**
 - Physical health
 - Behavioral health
 - Long-term services and supports
 - Pharmacy benefits
- **Examples of Medicaid State Plan benefits covered in the CFSP include (*see Appendix for full list*):**
 - Inpatient/outpatient behavioral health services
 - Residential treatment services
 - Mobile crisis management
 - Early and periodic screening, diagnostic and treatment (EPSDT) services

Including Tribal Integrated Classroom, Family Safety, Tribal Therapeutic Foster Care, and Tribal Peer Support services

Services Provided only by Tailored Plans*

- **A small subset of behavioral health services will only be available through Tailored Plans:**
 - Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)
 - Innovations and TBI Waiver Services
 - State-funded Services
 - Respite services through TRACK at Murdoch
 - Transitions to Community Living

*Tribal members will not need to enroll in a Tailored Plan to receive Tailored Plan-only services.

Care Management: Overview of Key Design Features

Key Design Feature	Description
Plan-Based Care Management	<ul style="list-style-type: none"> Provides CM to all members regardless of geographic location/member placement ★ Includes care manager caseload requirements to ensure adequate staffing ★ Delivered via plan-based model but option to subcontract some elements with approval
Coordination & Co-Location	<ul style="list-style-type: none"> Requires close coordination between care managers, DSS Child Welfare workers, and EBCI Family Safety Program staff, as applicable Co-locate some care managers in local DSS offices to facilitate coordination
Continuity of Care & Coordination During Transitions	<ul style="list-style-type: none"> Provide CM when members transition between plans or treatment settings to ensure stability and continuity of care ★ Require care managers to identify medically necessary placements and treatment options across all levels of care, including residential care ★ Include processes for care managers to escalate network capacity issues to the Dept.

Care Management: Overview of Key Design Features

Key Design Feature	Description
Support for Members Transitioning to Adulthood	<ul style="list-style-type: none"> • Participate in the 90-Day transition planning led by DSS Child Welfare Workers for transition-age youth • Develop a “Health Passport” that contains critical health care-related information for each member
Medication Management	<ul style="list-style-type: none"> • Follow best practices for medication management • Coordinate with clinicians to ensure appropriate use and monitoring of psychotropic medications
Ensuring a System of Care Approach	<ul style="list-style-type: none"> • Utilize System of Care strategies and protocols for all members ages 3+

Provider Network: Overview of Key Design Features

Key Design Feature	Description
Provider Network	<ul style="list-style-type: none"> Contract with a statewide network of providers ★ Have an “any willing provider” network for all services, except intensive in-home services, Multisystemic Therapy (MST), residential treatment services, and PRFTs* Make good faith efforts to contract with sufficient network of Indian Health Care Providers (IHCPs) Employ a Tribal Provider Contracting Specialist accountable for developing tribal provider networks
Network Adequacy Standards	<ul style="list-style-type: none"> Follow wait-time standards to ensure access to services within a certain time period for members Follow time & distance standards for provider locations within certain minutes/miles from members ★ May be required to contract with a minimum percentage of certain providers statewide, such as a minimum percentage of residential treatment service providers, PRTFs, and crisis service facilities^

**Subject to legislative authority*

^The Department is working to determine the operational feasibility of this potential contract requirement

Provider Network: Overview of Key Design Features

Key Design Feature	Description
Network Access Plan	<ul style="list-style-type: none">• Develop a Network Access Plan with strategies to ensure sufficient provider capacity for clinically appropriate access and utilization of certain services
Specialty Providers	<ul style="list-style-type: none">• Detail efforts to contract with providers that deliver evidence-based or best practice treatments, such as Parent Child Interaction Therapy (PCIT)

Quality: Overview of Key Design Features

Key Design Feature	Description
Quality Measures	<ul style="list-style-type: none"> Align quality measures with State's Quality Strategy, with addition of specific measures that focus on CFSP population needs ★ Include referral acceptance measures (Absolute Number of Providers Serving CFSP Enrollees and New Referral Acceptance Among Providers) Consider needs of Tribal members in quality strategy, using quality measures in place for SPs, TPs or Tribal Option
Performance Improvement Projects	<ul style="list-style-type: none"> Execute annual Performance Improvement Projects (PIPs) that focus on specific CFSP population care needs <i>(See Appendix for additional details)</i>
Continuous Monitoring	<ul style="list-style-type: none"> Employ a Quality Director to oversee and report on quality to the Dept. Develop an annual Quality Assurance and Performance Improvement (QAPI) Plan outlining quality activities, including mechanisms to detect underutilization, overutilization, and timely utilization of services
Health Equity	<ul style="list-style-type: none"> Report quality measures stratified by characteristics including race and ethnicity, geography, age, etc.

Looking Ahead

Looking Ahead



- Stakeholders are welcome to submit feedback and recommendations to the Department on the updated CFSP Concept Paper and design at Medicaid.NCEngagement@dhhs.nc.gov
 - Input received by March 2, 2022 will inform CFSP design prior to finalizing the final CFSP model contract
- The Department plans to issue another paper to outline additional CFSP design decisions made prior to the CFSP RFP release

The Department will also continue to provide regular updates at:
<https://medicaid.ncdhhs.gov/transformation/specialized-foster-care-plan>

Q&A

Appendix

Benefits Covered By Standard Plans, Tailored Plans, and the CFSP*

In addition to the behavioral health services identified below (enhanced behavioral health services below are *italicized*), the CFSP also will cover all Medicaid and NC Health Choice State Plan physical health, pharmacy, and LTSS services.

Services Covered by Standard Plans, Tailored Plans, and the CFSP	Services Covered by Tailored Plans and the CFSP	Services Covered <u>Exclusively</u> by Tailored Plans
<p>State Plan BH and I/DD Services</p> <ul style="list-style-type: none"> • Inpatient BH services • Outpatient BH emergency room services • Outpatient BH services provided by direct-enrolled providers • Psychological services in health departments and school-based health centers sponsored by health departments • Peer supports • <i>Partial hospitalization</i> • <i>Mobile crisis management</i> • <i>Facility-based crisis services for children and adolescents</i> • <i>Professional treatment services in facility-based crisis program</i> • <i>Outpatient opioid treatment¹</i> • <i>Ambulatory detoxification</i> • Research-based BH treatment for Autism Spectrum Disorder (ASD) • <i>Diagnostic assessment</i> • <i>Non-hospital medical detoxification</i> • <i>Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization</i> • Early and periodic screening, diagnostic and treatment (EPSDT) services 	<p>State Plan BH and I/DD Services</p> <ul style="list-style-type: none"> • <i>Residential treatment services</i> • <i>Child and adolescent day treatment services</i> • <i>Intensive in-home services</i> • <i>Multi-systemic therapy services</i> • <i>Psychiatric residential treatment facilities (PRTFs)</i> • <i>Assertive community treatment (ACT)</i> • <i>Community support team (CST), including tenancy supports</i> • <i>Psychosocial rehabilitation</i> • <i>Substance abuse non-medical community residential treatment</i> • <i>Substance abuse medically monitored residential treatment</i> • <i>Substance abuse intensive outpatient program (SAIOP)</i> • <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i> 	<p>State Plan BH and I/DD Services</p> <ul style="list-style-type: none"> • Intermediate care facilities for individuals with intellectual disabilities (ICF-IID) <p>Waiver Services</p> <ul style="list-style-type: none"> • Innovations waiver services • TBI waiver services <p>State-funded Services (<i>Members requiring State-funded Services will need to transfer to a Tailored Plan to access those services</i>)</p> <p>Respite services through TRACK at Murdoch</p>

*Standard Plans, Tailored Plans, and the CFSP will cover all services in the NC Medicaid and NCHC State Plans with the exception of services carved out of Medicaid Managed Care under Section 4.(4) of Session Law 2015-245, as amended; as specified in 42 C.F.R. § 438.210. Per G.S. 108A-70.21, NCHC-enrolled children receive benefits that are equivalent to those provided for dependents under North Carolina's Medicaid program except for long-term care services, non-emergency medical transportation, and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits.

¹The CFSP will also be required to cover OBOT (office based opioid treatment) service.

Quality: Performance Improvement Projects

The CFSP will be required to complete at least three annual performance improvement projects (PIPs). PIPs will be focused on promoting the use of innovative measures unique to the FC Plan to achieve improved outcomes.

Non-Clinical PIPs

1. Improving timeliness of health assessment completion and care plan development
2. Improving supports to promote diversion, in-reach and/or transition
3. Improving the adequacy of behavioral health network with regards to geographic and virtual accessibility and representation of historically underrepresented groups among network providers
4. Improving educational outcomes and addressing underlying health needs/learning disabilities that contribute to poor school performance

Clinical PIPs*

1. Prevention and management of acute and chronic conditions**
2. Identification and management of psychotropic medication prescribing
3. Identification of and treatment for primary diagnosis of PTSD and underlying diagnoses
4. Identification of and care for children with special health care needs
5. Incorporation of trauma-informed competence and services, particularly for children/young adults who have a history of abuse/neglect and children/young adults who are at risk for juvenile justice involvement

Transitions and Continuity of Care PIPs

In Placements

1. Measures taken to conduct regular medical team care conferences that engage all appropriate representatives for the enrollee
2. Coordination with DSS to provide all necessary supports required to enable an enrollee to remain in a placement, provided the placement is safe and suitable
3. Measures taken to mitigate law enforcement involvement in behavioral health crises

Between Placements

4. Development of transitional care plans to ensure continuity across placements and institutional settings
5. Processes implemented to conduct regular monitoring and timely face-to-face interactions with enrollees who are temporarily in out-of-county or out-of-state placements
6. Mechanisms to involve family and DSS in care plan development and transitional care

Transitions Out of Foster Care

7. Measures taken prior to enrollee exiting foster care to reduce risk of adverse outcomes, including justice system involvement and homelessness
8. Measures taken prior to enrollee exiting foster care to ensure successful community integration

*The CFSP must consider how innovative use of care management can contribute to clinical performance improvement in their selected area(s).

**Focus areas may include, but are not limited to, the following: asthma; early childhood health and development, including well visits, immunizations, and developmental screenings; tobacco screening and cessation; behavioral-physical health integration; birth outcomes; and maternal health.